Division of Health Care Finance and Policy

Fiscal Year 1998

Outpatient Hospital Observation Database Documentation Manual

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Division of Health Care Finance and Policy
Two Boylston Street
Boston, Massachusetts 02116-4704

http://www.mass.gov/dhcfp

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I. Introduction

The Massachusetts Division of Health Care Finance and Policy began collecting Outpatient Observation Data in July 1997. The Division's collection of Outpatient Observation Data was in response to increasing migration of hospital care to the outpatient observation setting from the tradition inpatient setting. Outpatient Observation patients are observed, evaluated, and treated, if necessary, before they are safely discharged from the hospital.

The Outpatient Observation Data includes patients who receive outpatient observation services and are not admitted to the hospital. Outpatient Observation services is defined generally for reporting purposes in the Case Mix Regulation 114.1 CMR 17.02 as:

> *Observation services are those furnished on a hospital's premises which are reasonable and necessary to further evaluate the patient's condition and provide treatment to determine the need for possible admission to the hospital. These services include the use of a bed and periodic monitoring by a hospital's physician, nursing, and other staff.*

This manual includes information to be used with the Outpatient Observation case mix data as specified in 114.1 CMR 17.08, Outpatient Observation Data Specifications. Information contained in this manual includes the data file specifications, standards the Division is using for checking the data, hospital verification responses concerning hospital reported data, and file structure descriptions. Also included is information on cautionary use data and calculated fields.

Regulations:

Copies of *Regulation 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data* and *Regulation 114.1 CMR 2.00: Disclosure of Hospital Case Mix and Charge Data* may be obtained for a fee by faxing a request to the Division at (617) 727-7662. The Regulations also may be found at the Division's web site: http://www.mass.gov/dhcfp.

II. Compact Disk (CD) File Specification

1) **Data Formats**:

The Division has created the outpatient observation data set in three available formats:

- .DBF
- .MDB
- .TXT

2) **File / Table Names**:

OA98L#Q1
OA98L#Q2
OA98L#Q3
OA98L#Q4

Where '#' stands for the level of data requested.

3) **1998 Outpatient Observation Record Counts**:

For Hospital Year 1998 the number of outpatient observation stays collected from Massachusetts hospitals for Quarters 1 – 4 totaled 146,477. The distribution by quarter is as follows:

Quarter 1   36,983

Quarter 2   36,686

Quarter 3   36,805

Quarter 4   36,003

4) **Data Formats**:

For a complete listing of database structure formats (.DBF, .MDB, and .TXT), please refer to the Appendices at the back of this manual.

III. Data Standards

Definition of Quarterly Reporting Periods

All Massachusetts acute care hospitals are required to file data that describes the case mix of their patients as well as the charges for services provided to their patients in accordance with Regulation 114.1 CMR 17.00. Hospitals report data to the Division on a quarterly basis. For the 1998 period, these quarterly reporting intervals were as follows:

Quarter 1:	October 1, 1997 – December 31, 1997
Quarter 2:	January 1, 1998 – March 31, 1998
Quarter 3:	April 1, 1998 – June 30, 1998
Quarter 4:	July 1, 1998 – September 30, 1998

III. Data Standards

Data Edits and Error Categories

Fiscal Year 1998 outpatient observation data was submitted by the hospitals 75 days after the close of each quarter. The required data elements were then edited using the corresponding edits as specified in ***Regulation 114.1 CMR 17.08: Outpatient Observation Data Specifications***.

The quarterly data is edited for compliance with regulatory requirements using a one percent error rate as specified in Regulation 114.1 CMR 17.08. The one percent error rate is based on the presence of type A and type B errors as follows:

Type A: One error per outpatient observation stays causes rejection of discharge.

Type B: Two errors per outpatient observation stay causes rejection of discharge.

If **one percent or more** of the discharges are rejected, then the entire data submission is rejected by the Division, and the hospital is informed that the submission failed the edit process. These edits primarily check for valid codes, correct formatting, and the presence of required data elements. Please see listing of data elements categorized by error type, which follows this section.

Each hospital receives a quarterly error report displaying invalid outpatient observation stay information. Quarterly data which does not meet the one percent compliance standard must be resubmitted by the individual hospital until the standard is met.

The Division strives to include data that has passed the one percent compliance standard in the data files we release to the public. When this is not possible, we include data which did not meet the 1% standard (i.e. failed the edits). Submissions which have failed are referred to as **Cautionary Submissions**. Observation stays within submissions that have failed the edit process are assigned a special flag, which indicates that the submission failed.

Please see the Cautionary Use Data section for further technical details.

III. Data Standards

Data Element Field Descriptions and Error Categories

The following are the required data elements that hospitals must report to the Division in accordance with the Case Mix Regulation 114.1 CMR 17.00. We have also included additional fields created by the Division. Each recipient of the outpatient observation data has been granted approval by the Division to receive a certain level of data. Please refer to Section III for a description of Data Levels I – VI, and to Section VII to review the specific data elements contained in your data files. Please note that higher levels contain an increasing number of Deniable Data Elements.

In addition to the field names, the data description and error category for each field is listed below:

Field Name:	Short Description:	Error Category:
Hos_ID	Hospital DPH number	A
MultiSiteN	Hospital's designated number for multiple sites merged under one DPH number	
Pt_ID	Unique Health Identification Number	A
MR_N	Patient's Medical Record number	A
Acct_N	Hospital billing number for the patient	A
DOB	Patient's date of birth	A
Sex	Patient's sex	A
Race	Patient's race	B
Zip_Code	Patient's zip code	B
Beg_Date	Patient's beginning service date	A
End_Date	Patient's ending service date	A
Obs_Time	Initial encounter time of day	B
Ser_Unit	Unit of Service is hours	A
Obs_Type	Patient's type of visit status	B

III. Data Standards

Data Element Field Descriptions and Error Categories

Field Name:	Short Description:	Error Category:
Obs_1Srce	Originating, referring, or transferring source for Observation Visit	B
Obs_2Srce	Secondary referring or transferring source for Observation visit	B
Dep_Stat	Patient's departure status	A
Payr_Pri	Patient's primary source of payment	A
Payr_Sec	Patient's secondary payment source	A
Charges	Total charges for observation rounded up to the nearest dollar	A
Surgeon	Patient's surgeon for this visit: Unique Physician Number (UPN), or "DENSG", "PODTR" or "OTHER" or "MIDWIF"	B
Att_MD	Patient's attending physician: Unique physician Number (UPN), or "DENSG", "PODTR" or "OTHER" or "MIDWIF"	B
Oth_Care	Other caregiver	B
PDX	Patient's principal diagnosis: Valid ICD-9-CM code	A
Assoc_DX1	Patient's first associated diagnosis: Valid ICD-9-CM code	A
Assoc_DX2	Patient's second associated diagnosis: Valid ICD-9-CM code	A
Assoc_DX3	Patient's third associated diagnosis: Valid ICD-9-CM code	A
Assoc_DX4	Patient's fourth associated diagnosis: Valid ICD-9-CM code	A
Assoc_DX5	Patient's fifth associated diagnosis: Valid ICD-9-CM code	A
P_PRO	Patient's Principal Procedure: Valid ICD-9-CM code	A

III. Data Standards

Data Element Field Descriptions and Error Categories

Field Name:	Short Description:	Error Category:
P_PRODATE	Date of patient's Principal Procedure	B
Assoc_PRO1	Patient's first associated procedure: Valid ICD-9-CM code	A
Assoc_DATE1	Date of patient's first associated procedure	B
Assoc_PRO2	Patient's second associated procedure: Valid ICD-9-CM code	A
Assoc_DATE2	Date of patient's second associated Procedure	B
Assoc_PRO3	Patient's third associated procedure: Valid ICD-9-CM code	A
Assoc_DATE3	Date of patient's third associated procedure	B
CPT1	Patient's first CPT code	A
CPT2	Patient's second CPT code	A
CPT3	Patient's third CPT code	A
CPT4	Patient's fourth CPT code	A
CPT5	Patient's fifth CPT code	A

Additional Fields Created by the Division:

MonthofBeg_Date	Month of Begin Date	NA
YearofBeg_Date	Year of Begin Date	NA
MonthofEnd_Date	Month of End Date	NA
YearofEnd_Date	Year of End Date	NA
AgeOfPatient	Patient Age	NA
AgeUnits	Term Patient Age is Based On	NA
ObsSeq_Num	Observation Sequence Number	NA
NoofDaysBtwObs	Number of Days Between Observation Stays	NA
SubmissionPassed	Submission Passed Edits Flag	NA

Notes:

1) ICD-9-CM Code = International Classification of Diseases, 9th Revision, Clinical Modification

2) CPT = Physician's Current Procedural Terminology Codes

III. Data Standards

Outpatient Observation Data Codes

The following are the data codes for the required data elements that hospitals must report to the Division in accordance with Case Mix Regulation 114.1 CMR 17.00. We have also included data codes for the additional fields created by the Division. Each recipient for outpatient observation data has been granted approval by the Division to receive a certain level of data. Please refer to Section III for a description of Data Levels I – VI and to Section VII to review the specific data elements contained in your data files. Please note that the higher levels contain an increasing number of Deniable Data Elements.

Field Name	Description
Hos_ID	Hospital Department of Public Health number
Multi_SiteN	Optional field for a hospital's determined number used to distinguish multiple sites that fall under one DPH number
Pt_ID	Unique Health Identification Number (UHIN)
MR_N	Patient's hospital medical record number
Acct_N	Hospital's billing number for the patient
DOB	Birth month, day, and year
Sex	1 = male; 2 = female; 3 = unknown
Race	1 = White; 2 = Black; 3=Asian; 4 = Hispanic; 5 = Native American; 6 = Other; 9 = Unknown
Zip_Code	Patient's residential 5-digit zip code
Beg_Date	Month, day, and year when service begins
End_Date	Month, day, and year when service ends
Obs_Time	Initial Observation encounter time. The time the patient became an Observation Stay patient.
Ser_Unit	The amount of time the patient has spent as an Observation Stay patient. The unit of service for Observation Stay is hours.
Obs_Type	Observation Visit Status: 1 = Emergency, 2 = Urgent, 3 = Elective, 4 = Newborn, 5 = Information Not Available

III. Data Standards

Outpatient Observation Data Codes

Field Description	Description
Obs_1Srce	Originating Observation Visit Source: 1 = Direct Physician Referral, 2 = Within Hospital Clinic Referral 3 = Direct Health Plan Referral, 4 = Transfer from Acute Care Hospital, 5 = Transfer from SNF, 6 = Transfer from ICF, 7 = Outside Hospital ER Transfer, 8 = Court/Law Enforcement, 9 = Other, 0 = Information Not Available, L = Outside Hospital Clinic Referral, M = Walk-In/Self-Referral, R = Inside Hospital ER Transfer, T = Transfer from another Institution's SDS, W = Extramural Birth, Y = Within Hospital SDS Transfer Example: If a patient is transferred from a SNF to the hospital's clinic and then becomes an Observation Stay status, the Originating Observation Source would be "5 – Transfer from SNF".
Obs_2Srce	Secondary Observation Visit Source: 1 = Direct Physician Referral, 2 = Within Hospital Clinic Referral 3 = Direct Health Plan Referral, 4 = Transfer from Acute Care Hospital, 5 = Transfer from SNF, 6 = Transfer from ICF, 7 = Outside Hospital ER Transfer, 8 = Court/Law Enforcement, 9 = Other, 0 = Information Not Available, L = Outside Hospital Clinic Referral, M = Walk-In/Self-Referral, R = Inside Hospital ER Transfer, T = Transfer from another Institution's SDS, W = Extramural Birth, Y = Within Hospital SDS Transfer Example: If a patient is transferred from a SNF to the hospital's clinic and then becomes an Observation Stay status, the Secondary Observation Source would be "2 – Within Hospital Clinic Transfer".
Dep_Stat	Patient Disposition (Departure Status): 1 = Routine, 2 = Adm to Hospital, 3 = Transferred, 4 = AMA, 5 = Expired
Payr_Pri	Primary Source of Payment. Please see Appendix H for Alphabetical Source of Payment List & Appendix I for Numerical Source of Payment List
Payr_Sec	Secondary Source of Payment. Please see Appendix H for Alphabetical Source of Payment List & Appendix I for Numerical Source of Payment List
Charges	Grand total of all charges associated with the patient's observation stay.

III. Data Standards

Outpatient Observation Data Codes

Field Description	Description
Surgeon	Unique Physician Number (UPN), or "DENSG" = Dental Surgeon, "PODTR" = Podiatrist or "OTHER" = for situations where no permanent physician license number is assigned or if a limited license is assigned, or "MIDWF" = Midwife, Or ------- = Invalid
Att_MD	Unique Physician Number (UPN), or "DENSG" = Dental Surgeon, "PODTR" = Podiatrist or "OTHER" = for situations where no permanent physician license number is assigned or if a limited license is assigned, or "MIDWF" = Midwife, Or ------- = Invalid
Oth_Care	Other primary caregiver responsible for patient's care: 1 = Resident, 2 = Intern, 3 = Nurse Practitioner, 4 = Not Used, 5 = Physician Assistant
PDX	ICD9 Principal Diagnosis excluding decimal point
Assoc_DX	ICD9 Associated Diagnosis, up to five associated diagnoses excluding the decimal point
P_PRO	Principal ICD9 Procedure excluding decimal point
P_PRODATE	Date of Patient's Principal Procedure
Assoc_PRO	ICD9 Associated Procedures, up to three associated procedures excluding the decimal point
AssocDATE	Date(s) of patient's associated procedures, up to three
CPT	CPT4, up to five CPT codes

III. Data Standards

Outpatient Observation Data Codes

Additional Fields Created by the Division:

Field Description	Description
MonthofBeg_Date	1 = January, 2 = February, 3 = March, 4 = April, 5 = May, 6 = June, 7 = July, 8 = August, 9 = September, 10 = October, 11 = November, 12 = December
YearOfBeg_Date	4 digit year
MonthOfEnd_Date	1 = January, 2 = February, 3 = March, 4 = April, 5 = May, 6 = June, 7 = July, 8 = August, 9 = September, 10 = October, 11 = November, 12 = December
YearofEnd_Date	4 digit year
AgeOfPatient	In years if >=1, in weeks if <1
AgeUnits	Weeks or Years
ObsSeqNum	Observation Sequence Number
NoofDaysBtwObs	Number of Days Between Observation Stays
SubmissionPassed	-1 = Passed, 0 = Failed

III. Data Standards

Description of Data Levels I - VI

Six Fiscal Year 1998 data levels have been created to correspond to the levels in ***Regulation 114.5 CMR 2.00; "Disclosure of Hospital Case Mix and Charge Data***". Higher levels contain an increasing number of the data elements defined as "Deniable Data Elements" in Regulation 114.5 CMR 2.00. The deniable data elements include: the Unique Health Identification Number (UHIN - which is the encrypted patient social security number), the patient medical record number, hospital billing number, Medicaid claim certificate number (Medicaid Recipient ID number), date of birth, beginning and ending dates of service, the Unique Physician Number (UPN - which is the encrypted Massachusetts Board of Registration in Medicine License Number), and procedure dates.

The six levels include:

LEVEL I   Contains all case mix data elements, except the deniable data elements.

LEVEL II   Contains all Level I data elements, plus the UPN.

LEVEL III   Contains all Level I data elements, plus the UHIN, an observation sequence number for each UHIN observation record, and may include the number of days between each subsequent observation stay for each UHIN number.

LEVEL IV   Contains all Level I data elements, plus the UPN, the UHIN, an observation sequence number for each UHIN observation record, and may include the number of days between each subsequent observation stay for each UHIN number.

LEVEL V   Contains all Level IV data elements, plus the patient's beginning service date, and ending service date and procedure dates.

LEVEL VI   Contains all of the deniable data elements, except the patient identifier component of the Medicaid recipient ID.

IV. Data Verification Process

The year-end Outpatient Observation Data verification process is intended to present the hospitals with a profile of their individual data as retained by the Division. The purpose of this project is to function as a quality control measure for hospitals to review the data they have provided to the Division of Health Care Finance and Policy.

Hospitals have an opportunity to review their data each year. The Division produces a Profile Report for the hospital to review that contains a series of frequency distribution tables covering selected data elements. Examples of these tables include number of observation patients by month, average hours of service, charge summary, and the top diagnoses and procedures. A complete listing of all tables is shown below.

Profile Report Distribution Tables

• Observation Patient by Month	• Patient Sex Distribution
• Average Hours of Service	• Patient Race Distribution
• Charge Summary	• Top 10 Zip Codes of Patient Origin
• Observation Type Distribution	• Top 10 Primary Diagnoses, Average Charge, and Average Hours of Service
• Originating Referral / Transferring Source	• Top 10 Principal Procedures
• Secondary Referral / Transferring Source	• Top 10 Primary Payors
• Other Primary Caregivers	• Top 10 Secondary Payors
• Departure Status Summary	• Top 10 CPT Codes
• Patient Age Distribution	

IV. Data Verification Process

After reviewing each Profile Report, hospitals are asked to file a response form that provides the Division with verification that the report has been reviewed. The **Profile Report Response Form** provides each hospital with two alternatives for their reply:

Hospital Agrees (also known as an **"A" response**): By checking this category, a hospital indicates its agreement that the data appearing on the Profile Report is accurate and that it represents the hospital's outpatient observation patient profile.

Hospital Discrepancy (s) Noted (also known as a **"B" response**): By checking this category, a hospital indicates that the data on the report is accurate except for discrepancies noted.

If any discrepancies exist (i.e. a "B" response), the Division requests that hospitals provide a written explanation of the discrepancies, which will be included in this Outpatient Observation Documentation manual. A listing of the Profile Report Error Categories is shown below:

Profile Report Error Categories:

The discrepancy categories that hospitals may report on the Profile Report Verification Response form are as follows:

Patients by Month	Other Primary Caregivers	Diagnoses
Hours of Service	Departure Status	Procedures
Charge Summary	Age	Primary Payors
Observation Type Distribution	Sex	Secondary Payors
Originating Referring / Transfer Source	Race	CPT Codes
Secondary Referring / Transfer Source	Zip Codes	

Hospitals are strongly encouraged by the Division to review their Profile Report for inaccuracies and make necessary corrections so that subsequent quarters of data will be accurate.

IV. Data Verification Process

Summary of Hospitals' FY 1998
Profile Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2006	Anna Jaques Hospital	X			
2226	Athol Memorial Hospital	X			
2073	AtlantiCare Medical Center	X			
2339	Baystate Health Systems	X			
2313	Berkshire Health Systems – Berkshire Campus		X		Explanation Received.
2231	Berkshire Health Systems - Hillcrest		X		No explanation received.
2069	Beth Israel Deaconess Med. Ctr. – East & West Campus	X			
2307	Boston Medical Center – B.C.H.			X	
2084	Boston Medical Center - University			X	
2060	Boston Regional Medical Center			N/A	Hospital Closed
2921	Brigham & Women's		X		Explanation Received.
2118	Brockton Hospital	X			
2108	Cambridge Health Alliance – Cambridge Hospital Campus			N/A	Q1 & Q4 Passed Q2 & Q3 Failed
2001	Cambridge Health Alliance - Somerville			N/A	Q1 Passed Q2-Q4 Failed

IV. Data Verification Process

Summary of Hospitals' FY 1998
Profile Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2135	Cape Cod Health Systems – Cape Cod Hospital	X			
2289	Cape Cod Health Systems - Falmouth	X			
2114	Caritas Norwood Hospital	X			
2856	Caritas Southwood Hospital		X		Explanation Received.
2003	Carney Hospital	X			
2139	Children's Medical Center	X			
2126	Clinton Hospital	X			
2020	Columbia MetroWest Medical Center – Framingham	X			
2039	Columbia MetroWest Medical Center – Leonard Morse	X			
2155	Cooley-Dickinson Hospital	X			
2335	Dana Farber Cancer Institute	X			
2054	Deaconess-Glover Memorial Hospital	X			
2298	Deaconess-Nashoba Community Hospital	X			

IV. Data Verification Process

Summary of Hospitals' FY 1998
Profile Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2067	Deaconess-Waltham Hospital	X			
2018	Emerson Hospital	X			
2052	Fairview Hospital		X		Explanation Received.
2048	Faulkner Hospital		X		Explanation Received.
2120	Franklin Medical Center	X			
2101	Good Samaritan Medical Center	X			
2038	Hallmark Health – Lawrence Memorial	X			
2041	Hallmark Health – Malden Campus	X			
2058	Hallmark Health – Melrose Wakefield	X			
2046	Hallmark Health – Whidden			X	
2143	Harrington Memorial Hospital		X		Explanation Received.
2131	Haverhill Municipal Hospital (Hale)	X			
2034	Health Alliance Hospitals - Burbank & Leominster Campuses	X			

IV. Data Verification Process

Summary of Hospitals' FY 1998
Profile Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2036	Heywood Hospital	X			
2225	Holy Family Hospital	X			
2145	Holyoke Hospital	X			
2157	Hubbard Regional Hospital		X		Explanation Received.
2082	Jordan Hospital	X			
2033	Lahey Clinic Hospital			N/A	Q1 Failed. Q2 – Q4 Not Filed
2099	Lawrence General Hospital	X			
2040	Lowell General Hospital		X		Explanation Received.
2103	Marlborough Hospital	X			
2042	Martha's Vineyard Hospital	X			For Q4 1998 only Q1 – Q3 N/A
2148	Mary Lane Hospital	X			
2167	Massachusetts Eye & Ear Infirmary		X		Explanation Received.
2168	Mass. General Hospital	X			
2089	Medical Center at Symmes			X	

IV. Data Verification Process

Summary of Hospitals' FY 1998
Profile Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2149	Mercy Hospital	X			
2105	Milford-Whitinsville Hospital	X			
2227	Milton Hospital	X			
2022	Morton Hospital & Medical Center	X			
2071	Mount Auburn Hospital		X		
2044	Nantucket Cottage Hospital	X			
2059	New England Baptist Hospital	X			
2299	New England Medical Center	X			
2075	Newton-Wellesley Hospital		X		Explanation Received.
2076	Noble Hospital			X	
2061	North Adams Regional Hospital	X			
2016	Northeast Health Systems – Addison Gilbert Hospital	X			
2007	Northeast Health Systems – Beverly Hospital	X			
2014	North Shore Medical Center – Salem	X			

IV. Data Verification Process

Summary of Hospitals' FY 1998
Profile Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2150	Providence Hospital	X			
2151	Quincy Hospital		X		Explanation Received.
2063	Saints Memorial Medical Center		X		Explanation Received.
2337	Southcoast Health Systems – Charlton Memorial Hospital			X	
2010	Southcoast Health Systems – St. Luke's			X	
2106	Southcoast Health Systems – Tobey			X	
2107	South Shore Hospital			X	
2011	St. Anne's Hospital			X	Chose not to respond.
2085	St. Elizabeth's Hospital	X			
2128	Saint Vincent Hospital	X			
2100	Sturdy Memorial Hospital	X			
2841	UMass. Medical Center	X			
2077	UMass/Memorial Health Care		X		Explanation Received.

IV. Data Verification Process

Summary of Hospitals' FY 1998
Profile Report Responses

DPH ID	HOSPITAL NAME	'A'	'B'	NONE	COMMENTS
2091	Vencor – Boston			N/A	
2171	Vencor – North Shore			N/A	
2094	Winchester Hospital		X		Explanation Received.
2181	Wing Memorial Hospital & Medical Center	X			

IV. Data Verification Process

Reported Profile Report Discrepancies by Category

The following data discrepancies were reported by hospitals on their FY1998 Profile Report Verification Response forms:

Patients By Month
Hours of Service
Charge Summary
Observation Type Distribution
Originating / Refer. / Transfer. Source
Departure Status
Age
Sex
Race
Zip Codes
Diagnoses
Procedures
Primary Payors
Secondary Payors
CPT Codes

IV. Data Verification Process

FY98 Reported Profile Report Discrepancies by Category

Hospital	Patients by Month	Hours of Service	Charge Summary	Observation Type Distribution	Originating Referring / Transferring Source
Berkshire Health Systems – Berkshire Med. Center Campus	X				
Fairview Hospital	X	X			
Faulkner Hospital	X	X	X	X	X
Harrington Memorial					X
Lowell General	X				
Mass. Eye & Ear				X	X
Newton-Wellesley	X				
Saints Memorial Medical Center					X
UMass. Memorial	X				
Winchester Hospital	X		X		

Hospital	Departure Status	Age	Sex	Race	Zip Codes	Diagnoses
Brigham & Women's	X					
Faulkner Hospital	X	X	X	X	X	X
Hubbard Regional				X		
Quincy Hospital	X					

IV. Data Verification Process

FY98 Reported Profile Report Discrepancies by Category

Hospital	Procedures	Primary Payers	Secondary Payers	CPT Codes
Faulkner Hospital	X	X	X	X
Quincy Hospital	X			

IV. Data Verification Process

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IV. Data Verification Process

INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

BERKSHIRE MEDICAL CENTER – BERKSHIRE CAMPUS

Berkshire Medical Center reported discrepancies in the area of Patients by Month. The hospital reported 168 less Observation cases to the Division of Health Care Finance & Policy than the actual census. The variance was due to the fact that the patients are now considered Inpatients.

IV. Data Verification Process

INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

BRIGHAM & WOMEN'S HOSPITAL

Brigham & Women's Hospital reported discrepancies in the area of Departure Status. The four cases with the Departure Status of Expired were reviewed subsequent to submission and found to be Inpatient Admissions rather than Observations. Therefore the Verification Report was an accurate reflection of the data as submitted, but in the cases cited did not reflect edits made at a later date.

IV. Data Verification Process

INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

FAIRVIEW HOSPITAL

Fairview Hospital reported discrepancies in the areas of Patients by Month and Hours of Service. The hospital reported 25 more Observation cases to the Division of Health Care Finance & Policy than the actual census. The number of Observation Hours was half what the actual was. Fairview reports their observation units in two-hour increments.

IV. Data Verification Process

INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

FAULKNER HOSPITAL

Faulkner Hospital reported discrepancies in the areas of Patients by Month, Hours of Service, Charge Summary, Observation Type Distribution, Originating Referring / Transferring Source, Departure Status, Age, Sex, Race, Zip Codes, Diagnoses, Procedures, Primary Payers, Secondary Payers, and CPT Codes. The corrected totals are set forth below.

Observation Patients by Month
October = 51
November = 45
February = 33
April = 35
May = 38
June = 44
July = 45
August = 44
September = 58
Grand Total = 555

Average Hours of Service

Quarter	# Patients	Avg. Hours / Stay	Total Pt Hours
1	153	26.26	4,017.50
2	138	22.40	3,091.18
3	117	24.77	2,897.97
4	147	25.71	3779.60
Grand Total	555	24.84	13,786.25

Charge Summary

Quarter	Avg. Charge/Stay	Total Charges
1	$4045.18	$618,911.86
2	$3657.68	$504,759.44
3	$3777.36	$441,950.68
4	$3798.23	$558,339.35
Grand Total		$2,123,961.33

Observation Type Distribution

Quarter	Emergency	Urgent	Elective	Total
1	89		64	153
2	93			138
3	75		42	117
4	99			147
Grand Total	356		197	555

Originating Referring / Transferring Source

Quarter	Dir Phys	In Hosp Clinic	Dir Health Plan	Outside Hosp ER	Total
1	99				153
2	91			47	138
3	81				117
4	85			62	147
Grand Total	356				555

<u>Secondary Referring / Transferring Source</u>

Unable to verify this data element.

Departure Status Summary

Quarter	Routine	Adm to Hosp	Transferred	AMA	Exp	Total
1	132					153
2	120			9		138
3	105		7			117
4				7		147
Grand Total	482		47	22		555

Patient Age Distribution

Quarter	1-17	18-64	65 and Over	Total
1			39	153
2		103		138
3		83	33	117
4		115	31	147
Grand Total		413	137	555

Patient Sex Distribution

Quarter	Male	Female	Total
1		88	153
2	53		138
3	49	68	117
4	63	84	147
Grand Total	230		555

Patient Race Distribution

Quarter	White	Unknown	Total
1		5	153
2	118		138
3	98		117
4	125		147
Total	475	15	555

Top 10 Zip Codes of Patient Origin

Q1	Q2	Q3	Q4
02132 – 16	02131 – 21	02132 – 20	02131 – 11
02136 – 11	02132 –13	02136 – 5	02026 – 6
02026 – 11	02026 – 12	02119 – 5	02062 – 5
02081 – 5	02130 – 9		02135 – 5
02072 – 5	02136 – 7		02167 – 2
02130 – 4			02115 – 2
02122 – 2			02125 – 4
02146 – 2			

Top 10 Primary Diagnoses, Avg Charge, Avg Hours of Service

Diagnosis Codes	# Observations	Avg Chgs	Avg Hours Svc
41401	56	$5398.18	21.73
78650	43	$3804.48	21.98
30391	40	$305.54	24.52
30401	18	$269.92	31.97
30421	13	$319.07	25.57

Top 10 Principal Procedures

Procedure Code	# Observations
3722	56
9463	25
9466	16
9462 (newly added)	15

Top 10 Primary Payers

Q1	Q2	Q3	Q4
TAHP – 37	TAHP – 36	TAHP – 37	TAHP – 32
Medicare – 28	Medicare – 17	Medicare – 23	Medicare – 18
M'Caid Mgd Care – 7	HCHP – 16	HCHP – 12	B.C. Indemnity – 11
Tufts Total Health – 8	Medicaid – 5	M'care HMO/Other – 9	HMO Blue – 11
Medicare HMO / Other – 8	Pilgrim H. C. – 4	B.C Indemnity – 9	Tufts Total Health – 9
Self-Pay – 4	Total - 138	HMO Blue – 6	Other Comm'l – 9
HMO Blue – 4		Total - 117	Total – 147
Medicaid – 3			
Total - 153			

Top 10 Secondary Payers

Q1	Q2	Q3	Q4
Self-Pay – 98	Self-Pay – 92	Self-Pay – 73	Self-Pay – 103
Medex – 9	Medicare – 13	Medicare – 12	B.C. Indemnity – 2
Tufts Assoc Health Plan – 8	Medicaid – 7	Medex – 7	Total – 147
B.C. Indemnity – 3	Total - 138	B.C Indemnity – 3	
Total – 153		Total - 117	

Top 10 CPT Codes

93510 - 54

IV. Data Verification Process

INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

HARRINGTON MEMORIAL HOSPITAL

Harrington Memorial Hospital reported discrepancies in the area of Originating Referring / Transferring Source. The Division's report showed a total of 1058 patients admitted from a source of "Outside Hospital ER Transfer", while the hospital's records indicated that these patients were admitted from a source "Within Hospital ER Transfer".

IV. Data Verification Process

INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

HUBBARD REGIONAL HOSPITAL

Hubbard Regional Hospital reported discrepancies in the area of Race. For unknown reasons, the Patient Race Distribution displayed 813 cases with the Race Unknown. The following are corrected numbers.

White – 813
Black – 0
Hispanic – 0
Asian – 0

IV. Data Verification Process

INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

LOWELL GENERAL HOSPITAL

Lowell General Hospital reported discrepancies in the area of Patients by Month. The total Observation Discharges for FY1998 were understated by 69 patients. In June of 1998, Lowell General Hospital underwent a major upgrade to its computer system. Due to several system problems, the upgrade did not go smoothly. The hospital sent a diskette for Q3 & Q4 1998 with the best available data possible. It is important that a note be added to the Documentation Manual which accompanies all copies of the database purchased by the public explaining the inaccuracy and unreliability of Lowell General Hospital's Q3 & Q4 data for FY1998.

IV. Data Verification Process

INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

MASSACHUSETTS EYE & EAR INFIRMARY

Massachusetts Eye & Ear Infirmary reported discrepancies in the areas of Observation Type Distribution and Originating Referral / Transferring Source. While the Division's report indicated a significant number of transfers to Observation from an acute care hospital, these totals actually represented transfers from the Ambulatory Surgery Unit (Division Code of Y – Within hospital SDS transfer). The hospital indicated that the necessary changes would be made to ensure accurate reporting in the future.

It was also noted that the Observation Type Distribution was not being reflected on the report. Further investigation was needed to determine why the accurate information was not being reported.

IV. Data Verification Process

INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

NEWTON WELLESLEY HOSPITAL

Newton-Wellesley Hospital reported discrepancies in the area of Patients by Month. As a result, the remainder of the data was incorrect. The hospital sent a letter indicating that the data would be resubmitted.

IV. Data Verification Process

INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

QUINCY HOSPITAL

Quincy Hospital reported discrepancies in the areas of Departure Status and Top 10 Principal Procedures. The discrepancies were due to programming errors in the hospital's download report. The program was updated to ensure the accuracy of future submissions. Incorrect and corrected numbers are as follows:

Departure Status Summary

DHCFP	Routine	Admit to Hosp	Transferred	AMA	Expired	Total QH
Q1	294					294
Q2	386					386
Q3	447					447
Q4	388					388
Total	1515					1515

QH	Routine	Admit to Hosp	Transferred	AMA	Expired	Total QH
Q1	265	15	10	3	0	293
Q2	359	17	11	2	0	389
Q3	402	21	15	2	0	682
Q4	355	24	12	1	1	393
Total	1381	77	48	8	1	1515

Top 10 Principal Procedures

DHCFP Code	Count	Quincy Hospital	Count
8901	69	8902	507
8902	32	8903	469
8903	4	8901	100
9904	4	5123	52
5123	3	9904	31
3722	2	8183	9
5749	1	9602	9
881	1	2188	8
1953	1	287	8
2252	1	4513	8

IV. Data Verification Process

INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

SAINTS MEMORIAL MEDICAL CENTER

Saints Memorial Medical Center reported discrepancies in the area of Originating Referring / Transferring Source. The error was in Code 7, "Outside Hospital ER Transfer" for Q1 & Q4. 259 patients in Q1 and 262 patients in Q4 should have been reported under Code R, "Inside Hospital ER Transfer".

IV. Data Verification Process

INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

UMASS MEMORIAL MEDICAL CENTER

UMass. Memorial Medical Center reported discrepancies in the area Patients by Month. The hospital's decision support system indicated that there were 119 more Observation cases for FY1998 than what was submitted to DHCFP. The discrepancy resulted from patient reclassification from Inpatient to Outpatient for payment purposes, after the data was submitted. At the time the discrepancies were discovered, the FY1998 information had already been purged from the system, so it was not possible to "rerun" the data to include the missing Observation patients.

IV. Data Verification Process

INDIVIDUAL HOSPITAL DISCREPANCY DOCUMENTATION

WINCHESTER HOSPITAL

Winchester Hospital reported discrepancies in the areas of Patients by Month and in the Charge Summary. The hospital indicated that there were 7 patients missing from the total discharges for Q3. The charge summary for Q3 was therefore incorrect as well.

V. Cautionary Use Data

The Outpatient Observation data files contain the most recent active data from each hospital. Active data includes submissions from hospitals that have "**passed**" the Division's edits, and also includes submissions that have "**failed**". Failing the edit process would mean that 1% or more of the observation stays did not pass the edit process. We consider data that did not pass the edit process to be "**cautionary use**" data.

We have included on each file a field called SubmissionPassed. This field serves as a flag and indicates whether the quarterly submission passed or failed the edit process.

- If a submission passed the edit process, the SubmissionPassed field for all observation stays within that submission are assigned a value of -1.

- If a submission failed the edit process, the SubmissionPassed field for all observation stays within that submission are assigned a value of 0.

Please see following page for specific information on hospitals with Cautionary Use data and missing data.

V. Cautionary Use Data

Hospitals with Cautionary and Missing Data for FY1998

The table below shows the hospitals for which the Division does not have four quarters of passed data for Hospital Year 1998. For your convenience, we have listed the status for all quarters for each hospital.

Hospital Name	DPH ID	Q1	Q2	Q3	Q4
Berkshire Health Systems – Hillcrest Campus	2231	Passed	Passed	Passed	Not Applicable
Boston Medical Center – Boston City Hospital Campus	2307	Passed	Passed	Failed	Failed
Boston Medical Center – University Hospital Campus	2084	Passed	Passed	Failed	Failed
Cambridge Health Alliance – Cambridge Hospital Campus	2108	Passed	Failed	Failed	Passed
Cambridge Health Alliance – Somerville Hospital Campus	2001	Passed	Failed	Failed	Failed
Lahey Clinic Hospital	2033	Failed	Data not Filed	Data not Filed	Data not Filed
Martha's Vineyard Hospital	2042	Not Applicable	Not Applicable	Not Applicable	Passed
Medical Center at Symmes	2089	Passed	Passed	Failed	Passed
Providence Hospital	2150	Not Applicable	Passed	Passed	Passed
Vencor – Boston	2091	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Vencor – North Shore	2171	Not Applicable	Not Applicable	Not Applicable	Not Applicable

Note: "N/A" generally means that the hospital did not have observation patients to report for a particular quarter.

VI. Calculated Fields

Age Calculation

Brief Description:

AgeOfPatient is calculated using the DateDiff Function in Access, which subtracts the date of birth (DOB) from the End_Date. Age is calculated to the nearest year (the remainder is dropped) if patient is at least 1 year old. The AgeUnits field is assigned a value of 'YEARS'. Age is calculated to the nearest week (the remainder is dropped) if a patient is less than 1 year old. The AgeUnits field is assigned a value of 'WEEKS'.

If the observation did not pass the edits for any reason the age is not calculated and the AgeOfPatient field is set to zero and the AgeUnits field is left blank.

Detailed Description:

1. If the observation passed the edits then the DateDiff function is used to determine the age in weeks of the patient by subtracting the Date of Birth from the End of Service Date.

2. If the age in weeks is greater than 51 then the DateDiff function is used to determine the age in years of the patient by subtracting the Date of Birth from the End of Service Date and the AgeUnits is set to "Years".

3. If the age in weeks is less than or equal to 51 then the DateDiff function is used to determine the age in weeks of the patient by subtracting the Date of Birth from the End of Service Date and the AgeUnits is set to "Weeks".

4. If the observation did not pass the edits then the AgeOfPatient is set to zero and the AgeUnits field is left blank.

VII. Calculated Fields

Observation Sequence Number Calculation

Brief Description:

The file is sorted by PT_ID (Unique Patient ID also known as the UHIN) and End Date. The Observation Sequence Number (ObsSeqNo) is then calculated by incrementing a counter for each of the PT_ID's observation stays.

If the observation did not pass the edits for any reason the Observation Sequence Number is not calculated and the ObsSeqNo field is set to zero.

Detailed Description:

1. The file is sorted by PT_ID (Unique Patient ID also known as the UHIN) and End_Date.

2. The sequence number is calculated by incrementing a counter from 1 to nnn, where a sequence number of 1 indicates the first observation stay for a PT_ID and nnn indicates the last observation stay for the PT_ID.

3. If the observation did not pass the edits then the ObsSeqNo is set to zero.

VII. Calculated Fields

Number of Days Between Observation Stays Calculation

Brief Description:

The file is sorted by PT_ID (Unique Patient ID also known as the UHIN) and End Date. For PT_IDs with 2 or more observation stays the Number of Days Between Observation Stays (NoofDaysBtwObs) is calculated using the DateDiff Function in Access which subtracts the previous observation end date from the current End_Date.

If the observation did not pass the edits for any reason the Number of Days Between Observation Stays is not calculated and the Noof DaysBtwObs field is set to zero.

Detailed Description:

1. The file is sorted by PT_ID (Unique Patient ID also known as the UHIN) and End_Date.

2. If this is the first occurrence of a PT_ID the Number of Days Between Observation Stays is set to zero.

3. If a second occurrence of a PT_ID is found then the Number of Days Between Observation Stays (NoofDaysBtwObs) is calculated by using the DateDiff Function in Access, which subtracts the previous observation end date from the current End_Date.

4. Step 3 is repeated for all subsequent observation stays until the PT_ID changes.

5. If the observation did not pass the edits then the NoofDaysBtwObs is set to zero.

VII. Appendices

Appendix A

Outpatient Observation .DBF File Structure

Field Name	Type	Width
HOS_ID	Character	4
MULTI_SITE	Character	1
PT_ID	**Character**	**9**
MR_N	**Character**	**10**
ACCT_N	**Character**	**17**
MOSS	**Character**	**9**
DOB	**Character**	**10**
SEX	Character	1
RACE	Character	1
ZIP_CODE	Character	5
BEG_DATE	**Date**	**8**
END_DATE	**Date**	**8**
OBS_TIME	Character	4
SER_UNIT	Character	6
OBS_TYPE	Character	1
OBS_1SRCE	Character	1
OBS_2SRCE	Character	1
DEP_STAT	Character	1
PAYR_PRI	Character	4
PAYR_SEC	Character	4
CHARGES	Numeric	11
SURGEON	**Character**	**7**
ATT_MD	**Character**	**7**
OTH_CARE	Character	1
PDX	Character	5
ASSOC_DX1	Character	5
ASSOC_DX2	Character	5
ASSOC_DX3	Character	5
ASSOC_DX4	Character	5
ASSOC_DX5	Character	5
P_PRO	Character	4
P_PRODATE	**Date**	**8**
ASSOC_PRO1	Character	4
ASSOCDATE1	**Date**	**8**
ASSOC_PRO2	Character	4
ASSOCDATE2	**Date**	**8**
ASSOC_PRO3	Character	4

Appendix A

Outpatient Observation .DBF File Structure

Field Name	Type	Width
ASSOCDATE3	**Date**	**8**
CPT1	Character	5
CPT2	Character	5
CPT3	Character	5
CPT4	Character	5
CPT5	Character	5
MONTHOFBEG	Numeric	6
YEAROFBEG	Numeric	6
MONTHOFEND	Numeric	6
YEAROFEND	Numeric	6
AGEOFPATIE	Numeric	11
AGEUNITS	Character	254
OBSSEQNO	Numeric	11
NOOFDAYSBT	Numeric	11
SUBMISSION	Logical	1
Total		**537**

Please note: The data fields listed in bold are considered **Deniable Data Elements**. Depending on the level of data purchased, these fields may not be present on the file.

Appendix B

Outpatient Observation .MDB File Structure

Field Name	Type	Width
Hos_ID	Text	4
Multi_SiteN	Text	1
Pt_ID	**Text**	**9**
MR_N	**Text**	**10**
Acct_N	**Text**	**17**
MOSS	**Character**	**9**
DOB	**Text**	**10**
Sex	Text	1
Race	Text	1
Zip_Code	Text	5
Beg_Date	**Date/Time**	**8**
End_Date	**Date/Time**	**8**
Obs_Time	Text	4
Ser_Unit	Text	6
Obs_Type	Text	1
Obs_1Srce	Text	1
Obs_2Srce	Text	1
Dep_Stat	Text	1
Payr_Pri	Text	4
Payr_Sec	Text	4
Charges	Number (long)	4
Surgeon	**Text**	**7**
Att_MD	**Text**	**7**
Oth_Care	Text	1
PDX	Text	5
Assoc_DX1	Text	5
Assoc_DX2	Text	5
Assoc_DX3	Text	5
Assoc_DX4	Text	5
Assoc_DX5	Text	5
P_PRO	Text	4
P_PRODATE	**Date/Time**	**8**
Assoc_Pro1	Text	4
AssocDate1	**Date/Time**	**8**
Assoc_Pro2	Text	4
AssocDate2	**Date/Time**	**8**
Assoc_Pro3	Text	4

Appendix B

Outpatient Observation .MDB File Structure

Field Name	Type	Width
AssocDate3	**Date/Time**	**8**
CPT1	Text	5
CPT2	Text	5
CPT3	Text	5
CPT4	Text	5
CPT5	Text	5
MonthofBeg_Date	Number (Integer)	2
YearofBeg_Date	Number (Integer)	2
MonthofEnd_Date	Number (Integer)	2
YearofEnd_Date	Number (Integer)	2
AgeOfPatient	Number (Integer)	4
AgeUnits	Text	255
ObsSeqNo	Number (Long)	4
NoofDaysBtwObsSBT	Number (Long)	4
SubmissionPassed	Yes/No	1

Please note: The data fields listed in bold are considered **Deniable Data Elements**.
Depending on the level of data purchased, these fields may not be present on the file.

Appendix C

Outpatient Observation .TXT File Structure

Field Name
Hos_ID
Multi_SiteN
Pt_ID
MR_N
Acct_N
MOSS
DOB
Sex
Race
Zip_Code
Beg_Date
End_Date
Obs_Time
Ser_Unit
Obs_Type
Obs_1Srce
Obs_2Srce
Dep_Stat
Payr_Pri
Payr_Sec
Charges
Surgeon
Att_MD
Oth_Care
PDX
Assoc_DX1
Assoc_DX2
Assoc_DX3
Assoc_DX4
Assoc_DX5
P_PRO
P_PRODATE
Assoc_Pro1
AssocDate1
Assoc_Pro2
AssocDate2
Assoc_Pro3

Appendix C

Outpatient Observation .TXT File Structure

Field Name
AssocDate3
CPT1
CPT2
CPT3
CPT4
CPT5
MonthofBeg_Date
YearofBeg_Date
MonthofEnd_Date
YearofEnd_Date
AgeOfPatient
AgeUnits
ObsSeqNo
NoofDaysBtwObsSBT
SubmissionPassed

Please note: The data fields listed in bold are considered **Deniable Data Elements**.
Depending on the level of data purchased, these fields may not be present on the file.

Appendix D
Outpatient Observation Data Levels I – VI

Field Name	Field Description	Deniable Data Elements	Level I	Level II	Level III	Level IV	Level V	Level IV
Hos_ID	Hospital DPH Number		X	X	X	X	X	X
Multi_SiteN	Hosp's Designated Multiple Site #		X	X	X	X	X	X
Pt_ID	**Unique Health Identification Number (UHIN)**	D			D	D	D	D
MR_N	**Patient's Medical Record Number**	D						D
Acct_N	**Hospital Billing Number**	D						D
MOSS	**Mother's UHIN**	D			D	D	D	D
DOB	**Date of Birth**	D						D
Sex	Sex		X	X	X	X	X	X
Race	Race		X	X	X	X	X	X
Zip_Code	Zip Code		X	X	X	X	X	X
Beg_Date	**Patient's Beginning Service Date**	D					D	D
End_Date	**Patient's Ending Service Date**	D					D	D
Obs_Time	Initial Encounter Time of Day		X	X	X	X	X	X

Appendix D
Outpatient Observation Data Levels I – VI

Field Name	Field Description	Deniable Data Elements	Level I	Level II	Level III	Level IV	Level V	Level IV
Ser_Unit	Unit of Service in Hours (= Length of Stay)		X	X	X	X	X	X
Obs_Type	Type of Visit Status		X	X	X	X	X	X
Obs_1Srce	Originating Referring or Transferring Source		X	X	X	X	X	X
Obs_2Srce	Secondary Referring or Transferring Source		X	X	X	X	X	X
Dep_Stat	Departure Status		X	X	X	X	X	X
Payr_Pri	Primary Source of Payment		X	X	X	X	X	X
Payr_Sec	Secondary Source of Payment		X	X	X	X	X	X
Charges	Charges		X	X	X	X	X	X
Surgeon	**Surgeon for this Visit (will be UPN)**	**D**		**D**		**D**	**D**	**D**
Att_MD	**Attending Physician (will be UPN)**	**D**		**D**		**D**	**D**	**D**
Oth_Care	Other Caregiver		X	X	X	X	X	X
PDX	Principle Diagnosis		X	X	X	X	X	X
Assoc_DX1	Patient's First Associated Diagnosis		X	X	X	X	X	X
Assoc_DX2	Patient's Second Associated Diagnosis		X	X	X	X	X	X
Assoc_DX3	Patient's Third Associated Diagnosis		X	X	X	X	X	X

Appendix D
Outpatient Observation Data Levels I – VI

Field Name	Field Description	Deniable Data Elements	Level I	Level II	Level III	Level IV	Level V	Level IV
Assoc_DX4	Patient's Fourth Associated Diagnosis		X	X	X	X	X	X
Assoc_DX5	Patient's Fifth Associated Diagnosis		X	X	X	X	X	X
P_PRO	Principle Procedure		X	X	X	X	X	X
P_PRODATE	**Date of Principle Procedure**	**D**					D	D
Assoc_Pro1	First Associated Procedure		X	X	X	X	X	X
AssocDate1	**Date of First Associated Procedure**	**D**					D	D
Assoc_Pro2	Second Associated Procedure		X	X	X	X	X	X
AssocDate2	**Date of Second Associated Procedure**	**D**					D	D
Assoc_Pro3	Third Associated Procedure		X	X	X	X	X	X
AssocDate3	**Date of Third Associated Procedure**	**D**					D	D
CPT1	First CPT Code		X	X	X	X	X	X
CPT2	Second CPT Code		X	X	X	X	X	X
CPT3	Third CPT Code		X	X	X	X	X	X
CPT4	Fourth CPT Code		X	X	X	X	X	X
CPT5	Fifth CPT Code		X	X	X	X	X	X

Appendix D
Outpatient Observation Data Levels I – VI

Field Name	Field Description	Deniable Data Elements	Level I	Level II	Level III	Level IV	Level V	Level IV
MonthofBeg_Date	Month of Begin Date		X	X	X	X	X	X
YearofBeg_Date	Year of Begin Date		X	X	X	X	X	X
MonthofEnd_Date	Month of End Date		X	X	X	X	X	X
YearofEnd_Date	Year of End Date		X	X	X	X	X	X
AgeOfPatient	Patient Age		X	X	X	X	X	X
AgeUnits	Term Patient Age is Based On		X	X	X	X	X	X
ObsSeqNo	Observation Sequence number ordering each consecutive UHIN observation record				X	X	X	X
NoofDaysBtwObs	Number of days between each subsequent observation stay for that UHIN number				X	X	X	X
SubmissionPassed	Submission Passed Edits Flag		X	X	X	X	X	X

Appendix E

<u>Hospital Addresses</u>

Anna Jaques Hospital 25 Highland Avenue Newburyport, MA 01950 DPH ID #: 2006	Athol Memorial Hospital 2033 Main Street Athol, MA 01331 DPH ID #:2226
AtlantiCare Medical Center 500 Lynnfield Street Lynn, MA 01904-1424 DPH ID #: 2073	Baystate Health Systems 3601 Main Street Springfield, MA 01107-1116 DPH ID #: 2339
Berkshire Health Systems Berkshire Medical Center Campus 725 North Street Pittsfield, MA 01201 DPH ID #: 2313	Berkshire Health Systems – Hillcrest Hospital Campus 165 Tor Court Road Pittsfield, MA 01201 DPH ID #: 2231
Beth Israel Deaconess Medical Center East & West Campus 330 Brookline Avenue Boston, MA 02215 DPH ID #: 2069	Boston Medical Center 88 East Newton Street Boston, MA 02118 DPH ID #: 2307
Boston Regional Medical Center 5 Woodland Road Stoneham, MA 02180 DPH ID #:2060	Brigham & Women's Hospital 75 Francis Street Boston, MA 02115 DPH ID #: 2921
Brockton Hospital 680 Centre Street Brockton, MA 02402 DPH ID #: 2118	Cambridge Health Alliance Cambridge Hospital Campus 65 Beacon Street Somerville, MA 02143 DPH ID #: 2108
Cambridge Health Alliance Somerville Campus 65 Beacon Street Somerville, MA 02143 DPH ID #: 2001	Cape Cod Health Systems Cape Cod Hospital 27 Park Street Hyannis, MA 02601 DPH ID #: 2135
Cape Cod Health Systems Falmouth Hospital 100 Ter Heun Drive Falmouth, MA 02540 DPH ID #: 2289	Caritas Norwood Hospital 800 Washington Street Norwood, MA 02062 DPH ID #*: 2114

Appendix E

<u>Hospital Addresses</u>

Caritas Southwood Hospital 111 Dedham Street Norfolk, MA 02056 DPH ID #: 2856	Carney Hospital 2100 Dorchester Avenue Dorchester, MA 02124 DPH ID #: 2003
Children's Medical Center 300 Longwood Avenue Boston, MA 02115 DPH ID #: 2139	Clinton Hospital 201 Highland Street Clinton, MA 01510 DPH ID #: 2126
Columbia MetroWest Medical Center Framingham Hospital Campus 115 Lincoln Street Framingham, MA 01701 DPH ID #: 2020	Columbia MetroWest Medical Center Natick Campus 67 Union Street Natick, MA 01760 DPH ID #: 2039
Cooley Dickinson Hospital 30 Locust Street Northampton, MA 01060-5001 DPH ID #: 2155	Dana Farber Cancer Institute 44 Binney Street Boston, MA 02115 DPH ID #: 2335
Deaconess Glover Memorial Hospital 148 Chestnut Street Needham, MA 02192 DPH ID #: 2054	Deaconess Nashoba Hospital 200 Groton Road Ayer, MA 01432 DPH ID #: 2298
Deaconess Waltham Hospital Hope Avenue Waltham, MA 02254 DPH ID #: 2067	Emerson Hospital Route 2 Concord, NH 01742 DPH ID #: 2018
Fairview Hospital 29 Lewis Avenue Great Barrington, MA 01230 DPH ID #: 2052	Faulkner Hospital 1153 Centre Street Jamaica Plain, MA 02130 DPH ID #: 2048
Franklin Medical Center 164 High Street Greenfield, MA 01301 DPH ID #: 2120	Good Samaritan Medical Center 235 North Pearl Street Brockton, MA 02401 DPH ID #: 2101
Hallmark Health Care – Lawrence Memorial Campus 170 Governors Avenue Medford, MA 02155 DPH ID #: 2038	Hallmark Health Care – Malden Hospital Campus 100 Hospital Road Malden, MA 02148 DPH ID #: 2041

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<u>Hospital Addresses</u>

Hallmark Health Care – Melrose-Wakefield Hospital Campus 585 Lebanon Street Melrose, MA 02176 DPH ID #: 2058	Hallmark Health Care – Whidden Memorial Hospital Campus 103 Garland Street Everett, MA 02149 DPH ID #: 2046
Harrington Memorial Hospital 100 South Street Southbridge, MA 01550 DPH ID #: 2143	Haverhill Municipal Hospital 140 Lincoln Avenue Haverhill, MA 01830-6798 DPH ID #: 2131
Health Alliance Hospital, Inc. Leominster & Burbank Campuses 60 Hospital Road Leominster, MA 01453-8004 DPH ID #: 2034	Heywood Hospital 242 Green Street Gardner, MA 01440 DPH ID #: 2036
Holy Family Hospital 70 East Street Methuen, MA 01844 DPH ID #: 2225	Holyoke Hospital 575 Beech Street Holyoke, MA 01040 DPH ID #: 2145
Hubbard Regional Hospital 340 Thompson Road Webster, MA 01570 DPH ID #: 2157	Jordan Hospital 275 Sandwich Street Plymouth, MA 02360 DPH ID #: 2082
Lahey Clinic Hospital 41 Mall Road Burlington, MA 01805 DPH ID #: 2033	Lawrence General Hospital One General Street Lawrence, MA 01842-0389 DPH ID #: 2099
Lowell General Hospital 295 Varnum Avenue Lowell, MA 01854 DPH ID #: 2040	Marlborough Hospital 57 Union Street Marlborough, MA 01752-9981 DPH ID #: 2103
Martha's Vineyard Hospital Linton Lane Oak Bluffs, MA 02557 DPH ID #: 2042	Mary Lane Hospital 85 South Street Ware, MA 01082 DPH ID #: 2148
Massachusetts Eye & Ear Infirmary 243 Charles Street Boston, MA 02114-3096 DPH ID #: 2167	Massachusetts General Hospital 55 Fruit Street Boston, MA 02114 DPH ID #: 2168

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<u>Hospital Addresses</u>

Medical Center at Symmes 39 Hospital Road Arlington, MA 02174 DPH ID #: 2089	Mercy Hospital 271 Carew Street Springfield, MA 01102 DPH ID #: 2149
Milford-Whitinsville Regional Hospital 14 Prospect Street Milford, MA 01757 DPH ID #: 2105	Milton Hospital 92 Highland Street Milton, MA 02186 DPH ID #: 2227
Morton Hospital & Medical Center 88 Washington Street Taunton, MA 02780 DPH ID #: 2022	Mount Auburn Hospital 330 Mt. Auburn Street Cambridge, MA 02238 DPH ID #: 2071
Nantucket Cottage Hospital 57 Prospect Street Nantucket, MA 02554 DPH ID #: 2044	New England Baptist Hospital 125 Parker Hill Avenue Boston, MA 02120 DPH ID #: 2059
New England Medical Center 750 Washington Street Boston, MA 02111 DPH ID #: 2299	Newton-Wellesley Hospital 2014 Washington Street Newton, MA 02162 DPH ID #: 2075
Noble Hospital 115 West Silver Street Westfield, MA 01086 DPH ID #: 2076	North Adams Regional Hospital Hospital Avenue North Adams, MA 01247 DPH ID #: 2061
Northeast Health Systems – Addison Gilbert Campus 298 Washington Street Gloucester, MA 01930 DPH ID #: 2016	Northeast Health Systems – Beverly Campus 85 Herrick Street Beverly, MA 01915 DPH ID #: 2007
North Shore Medical Center – Salem 81 Highland Avenue Salem, MA 01970 DPH ID #: 2014	Providence Hospital 1233 Main Street Holyoke, MA 01040 DPH ID #: 2150
Quincy Hospital 114 Whitwell Street Quincy, MA 02169 DPH ID #: 2151	Saints Memorial Medical Center One Hospital Drive Lowell, MA 01852 DPH ID #: 2063

Appendix E

<u>Hospital Addresses</u>

Southcoast Health Systems – Charlton Memorial Hospital 363 Highland Avenue Fall River, MA 02720 DPH ID #: 2337	Southcoast Health Systems – St. Luke's Hospital 101 Page Street New Bedford, MA 02740 DPH ID #L: 2010
Southcoast Health Systems – Tobey Hospital 43 High Street Wareham, MA 02571 DPH ID #: 2106	South Shore Hospital 55 Fogg Road South Weymouth, MA 02190 DPH ID #: 2107
St. Anne's Hospital 795 Middle Street Fall River, MA 02721 DPH ID #: 2011	St. Elizabeth's Hospital 736 Cambridge Street Brighton, MA 02135 DPH ID #: 2085
Saint Vincent Hospital 25 Winthrop Street Worcester, MA 01604	Sturdy Memorial Hospital 211 Park Street Attleboro, MA 02703
UMass. Medical Center 120 Front Street Worcester, MA 01608 DPH ID #: 2841	UMass. / Memorial Health Care 281 Lincoln Street Worcester, MA 01605 DPH ID #: 2077
Vencor – Boston 1515 Commonwealth Ave. Brighton, MA 02135 DPH ID #: 2091	Vencor – North Shore (formerly Transitional Hospital Corp.) 15 King Street Peabody, MA 01960 DPH ID #: 2171
Winchester Hospital 41 Highland Avenue Winchester, MA 01890 DPH ID #: 2094	Wing Memorial Hospital 40 Wright Street Palmer, MA 01069-1187 DPH ID #: 2181